MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

Dr. Jacks 03343

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH

County Cecil

City or town Port Deposit, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town Port Deposit, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isabella Haldon Barnes.

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William F. Barnes

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1859

8. AGE: Years 80 | Months 7 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace New Orleans. La.
(Town, county, and state)

10. Usual occupation House work.

11. Industry or business Own Home

FATHER
12. Name Alexander Trelford
13. Birthplace New Orleans La

MOTHER
14. Maiden name P. Graham
15. Birthplace La.

16. Informant Howard G. Barnes
Address Port Deposit, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 2, 1940 (month) (day) (year)

Cemetery or crematory Hopewell cem

Location Port Deposit. R. D.

18. Funeral director Lee A. Patterson
Address Perryville, Md.

19. June 1 1940 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 12 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1920, to May 31 1940, and that I last saw her alive on May 30 1940.

Immediate cause of death: Sarcolysis — DURATION: 6 mos

Due to: Arterio Sclerosis

Due to:

Other conditions: Chronic Myocarditis — 10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. T. Jack M. D. or other

Address Port Deposit Md Date signed May 31, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05344

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans Administration

Stay in hospital or inst. (yrs., or mos., or days): 28 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington, Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2121 - 11th St., N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: CONWAY, Earl M.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife: Annie Conway

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 12, 1896

8. AGE:

Years	Months	Days	If less than one day
44	3	16	____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Govt. Messenger.

11. Industry or business:

FATHER
12. Name: Thomas B. Conway, deceased
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Grace E. Thompson
15. Birthplace: Virginia.

16. Informant: Hospital Records

Address:

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: May 31 - 1940 (month) (day) (year)

Cemetery ~~or crematory~~:

Location: Washington, D.C.

18. Funeral director: Pennington & Son,

Address: Pennington & Son, Havre de Grace, Md.

19. May 29 19 40 (Date rec'd by registrar) Irene E. Daugherty IRENE E. DAUGHERTY

MEDICAL CERTIFICATION

20. DATE OF DEATH: May, 28, 19 40, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 1940, to May 28 19 40, and that I last saw him alive on May 28 19 40.

	DURATION
Immediate cause of death: Cerebral hemorrhage	Unknown
Due to	
Due to	
Other conditions: Syphilis tertiary	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ---

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur?: -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: -- Injured at work?: --

23. SIGNATURE: W. L. Meng

W. L. MENG, M.D., Acting, M.D. or other
Clinical Director

Address: Veterans Administration, Perry Point, Md. Date signed: May 29 1940

BSM

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-B)

CERTIFICATE OF DEATH

05345

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): off and on for 8 mos
Stay in this community (yrs., or mos., or days): 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ulysses Grant Deibert

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 27 1870

8. AGE: Years	Months	Days	If less than one day
69	11	13	____ hrs. ____ min.

9. Birthplace: Penn (Town, county, and state)
10. Usual occupation: Carpenter (Shops)
11. Industry or business

FATHER
12. Name: Henry Deibert
13. Birthplace: Londongville Pa

MOTHER
14. Maiden name: Sarah Herren
15. Birthplace: Londongville, Pa

16. Informant: Mrs Maria Deibert
Address: Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12/40 (month) (day) (year)
Cemetery or crematory: Elkton,
Location: Elkton, Md

18. Funeral director: D. W. Pippin
Address: Elkton, Md

19. May 11 1940 (Date rec'd by registrar) F B Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 - 1940, at 10.30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 - 1939, to May 10 - 1940, and that I last saw him alive on May 9 - 1940.

Immediate cause of death: Carcinoma of prostate with Metastasis — DURATION about 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: T. H. McKnight M. D. or other
Address: Elkton - Md Date signed 5-10-1940

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05346

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 2 mos. 24 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 72 H. Street, N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Indian ✓

3. (a) FULL NAME: GARLAND, James

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Married

6 (b) Name of husband or wife: Unknown
Lulu (?)

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 1, 1854

8. AGE:

Years	Months	Days	If less than one day
86	2	0	hrs. min.

9. Birthplace: Lunenberg, Va.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Unknown

FATHER
12. Name: Unknown - deceased
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: May 2, 1940. (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Md.

16. Funeral director: Pennington & Son
PENNINGTON & SON
Address: Havre de Grace, Md.

19. 5-2 1940. Florence W. Sauder
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1 1940, at 6:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 7 1938, to May 1 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death	DURATION
Pneumonia, bronchial	Apr. 29, 1940
Due to	
Due to	
Other conditions	
Arteriosclerotic heart disease	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations: -0-
Of autopsy: --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration, Perry Point, Md.
Date signed: 5-1-40.

RECEIVED
MAY 15 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(183) CP 05347

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Conowingo Dam
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Susquehanna River
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna. County York
City or town Loganville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Arthur J. Gladfelter

3. (b) Social Security Number none

4. Sex M | 5. Color or race W | 6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Margaret Gladfelter
6(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) January 15, 1899

8. AGE: Years 41 | Months 4 | Days 13 | If less than one day ___ hrs. ___ min.

9. Birthplace Loganville, Pa. (Town, county, and state)

10. Usual occupation garage owner

11. Industry or business

FATHER
12. Name M. J. Gladfelter
13. Birthplace Loganville, Pa.

MOTHER
14. Maiden name Clara Shaffer
15. Birthplace Loganville, Pa.

16. Informant George A. Goodling
Address Loganville Pa.

17. burial (Burial, cremation, or removal. Which?) Date thereof June 6 1940 (month) (day) (year)
Cemetery or crematory Mt. Rose
Location York, Pa.

18. Funeral director H. W. Pippin
Address Elkton, Md.

19. June 5 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at after 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended 19 to 19,
and that I last saw h alive on 19.

Immediate cause of death accidental drowning — DURATION
Body found in Elk River
Due to June 5, 1940
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 5/28/40
Where did injury occur? near Conowingo (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) public place
Means of injury Injured at work? No - fishing

23. SIGNATURE John B. Slicer coroner M. D. or other
Address Rising Sun Md. Date signed 6/5 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(940)

CERTIFICATE OF DEATH

05348

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara F. Gorrell

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Joseph Gorrell
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Oct 5, 1875
8. AGE: Years 64. Months 7 Days ____ If less than one day ____ hrs. ____ min.
9. Birthplace Conowingo, Cecil Co. Md. (Town, county, and state)
10. Usual occupation House work
11. Industry or business Own Home
FATHER 12. Name Edwin W. Read
13. Birthplace Md Pa
MOTHER 14. Maiden name Mary E. Ewing
15. Birthplace Liberty Grove, Md
16. Informant Joseph Gorrell
Address Perryville, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9, 1940 (month) (day) (year)
Cemetery or crematory Asbury Cem.
Location Perryville, R.F.D.
18. Funeral director Neal a. Patterson
Address Perryville, Md.
19. May 8, 1940 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to May 5 1940, and that I last saw h alive on May 5 1940.

Immediate cause of death: Coronary Thrombosis — DURATION 1 hr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or other
Address Perryville Md Date signed 5/7/40

RECEIVED
MAY 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131a)

05349

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Cherry Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Adelaide Grant

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Clarke S. Grant
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 18 - 1859

8. AGE: Years: 80 Months: 9 Days: 19 If less than one day ____ hrs. ____ min.

9. Birthplace: Dresden, Ohio
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: David C. Work
13. Birthplace: Cecil Co. Md.

MOTHER
14. Maiden name: Lucinda Alexander
15. Birthplace: Cecil Co. Md.

16. Informant: Joseph R. Grant
Address: North East, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 11 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Cherry Hill

18. Funeral director: H. W. Pippin & Son
Address: Elkton, Md.

19. May 11 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 19__, to May 8 1940, and that I last saw her alive on May 8 1940.

Immediate cause of death: Cardio Vascular Renal Disease
Due to: Gen. Oedema
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: H. A. Cantwell M. D. or other
Address: North East, Md. Date signed: May 10 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

05350

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 4 Weeks

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Elkton RD #5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: James Franklin Tregg

3. (b) Social Security Number: 218-07-1854

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna M. Tregg

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 15 - 1867

8. AGE: Years: 72 Months: 6 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Cecil Co. Md
(Town, county, and state)

10. Usual occupation: Papermaker

11. Industry or business

FATHER
12. Name: Thomas Tregg
13. Birthplace: Md

MOTHER
14. Maiden name: Rebecca Reeder
15. Birthplace: Md

16. Informant: Lakoy Tregg
Address: Elkton RD #5

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May 5 - 1940 (month) (day) (year)

Cemetery or crematory: Sharps.

Location: Fairhill, Md

18. Funeral director: Joseph R. Grant
Address: North East, Md

19. May 4 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2nd 1940, at 3.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1940, to May 2 - 1940, and that I last saw him alive on May 2 - 1940.

Immediate cause of death: myocarditis

Due to

Due to

Other conditions: Hydrops of gall Bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hydrops of gall Bladder & appendicitis
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Elkton Md Date signed: May 4/1940

VS A15 (T) MARGIN RESERVED FOR BINDING (I) (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-G)

05351

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Near Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Near Rising Sun. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Franklin Guthrie

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ida M. Guthrie

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) April 23. 1867

8. AGE: Years 73 Months Days 11 If less than one day hrs. min.

9. Birthplace Haggs Manor Pa
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Richard Guthrie
13. Birthplace Pa

MOTHER
14. Maiden name Hannah Marie Smith
15. Birthplace Pa

16. Informant Mrs. Grafton Sewell

Address Rising Sun. Md. R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof May 8 1940
(month) (day) (year)

Cemetery or crematory Friends Burying Ground Calbert

Location Calbert, Md.

18. Funeral director J. E. Tyson.

Address Rising Sun Md.

19. May 6 1940
(Date rec'd by registrar)

L. M. Worthington
Registrar

Permit issued 6-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1940, to April 4 1940, and that I last saw h 1 m alive on April 4 1940.

Immediate cause of death Intra abdominal malignancy, Primary in head of pancreas.

Due to Duration: less than two months. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Robinson, M.D.
M. D. or other

Address Oxford Pa Date signed May 6 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30c)

CERTIFICATE OF DEATH

05352

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hosp.
Stay in hospital or inst. (yrs., or mos., or days): 1 day
Stay in this community (yrs., or mos., or days): 59 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Near Zion Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Not a veteran

3. (a) FULL NAME: Alfred Calvin Hammond

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Eva. Hammond
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 17 1881
8. AGE: Years: 59 Months: 4 Days: 12 If less than one day: hrs. min.
9. Birthplace: Cecil Co. Maryland (Town, county, and state)
10. Usual occupation: Farm
11. Industry or business: Farm
FATHER 12. Name: Alfred Hammond
13. Birthplace: Md
MOTHER 14. Maiden name: Rachel Robinson
15. Birthplace: Md
16. Informant: Paul Hammond
Address: North East Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 30 1940 (month) (day) (year)
Cemetery or crematory: Trinity Cemetery
Location: Zion. Cecil Co. Md
18. Funeral director: Joseph R. Grant
Address: North East, Maryland
19. May 28 1940 (Date rec'd by registrar) H F Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27 1940 (hour) P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1940, to May 27 1940, and that I last saw him alive on May 26 1940.

	DURATION
Immediate cause of death: Gunshot of Brain	
Due to: Syphilis	
Due to	
Other conditions: Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. or other
Address: Elkton Md Date signed

RECEIVED
JUN 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

05353

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Veterans' Administration
Stay in hospital or inst. (yrs., or mos., or days): 5 days
Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Chesapeake City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World

3. (a) FULL NAME: HANNIGAN, Herbert C.

3. (b) Social Security Number: None - Govt.employee

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife: --
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 23, 1890

8. AGE: Years	Months	Days	If less than one day
50	2	12	hrs. min.

9. Birthplace: Philadelphia, Pa. (Town, county, and state)
10. Usual occupation: Laborer, U.S.Eng.Dept.- Delaware Canal
11. Industry or business

FATHER
12. Name: John Hannigan - deceased
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary E. Foster
15. Birthplace: Pennsylvania

16. Informant: Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof May 6, 1940 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Chesapeake City, Md.
18. Funeral director: Henry W. Pippin
Address: HENRY W. PIPPIN & SONS Elkton, Maryland.

19. May 6 19 40 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 19 40, at 9:23 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 19 40, to May 5 19 40, and that I last saw him alive on May 5 19 40.

Immediate cause of death: Cerebral hemorrhage — DURATION: May 4,194
Due to
Due to
Other conditions: Generalized Arteriosclerosis — May 4,1940
(Include pregnancy within 3 months of death)

Major findings:
Dt operations: --
Dt autopsy: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): --
Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration Perry Point, Md. Date signed 5-6-40

RECEIVED
MAY 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-d)

05354

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil —

~~City or~~ town: Perry Point —

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil County —

~~City or~~ town: Perry Point — Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1169 S. Ave., D.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Charles L. Harkins.

3. (b) Social Security Number: None.

4. Sex: Male

5. Color or race: White

6. ~~(a) Single~~, married, ~~widowed, or divorced~~: married.

6.(b) Name of ~~husband or~~ wife: Anna McLinney Harkins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 18 — 1879

8. AGE: Years: 61 | Months: 1 | Days: 23. | If less than one day: ..... hrs. ..... min.

9. Birthplace: Providence, Rhode Island

(Town, county, and state)

10. Usual occupation: Store Keeper —

11. Industry or business: Government.

FATHER

12. Name: John Harkins.

13. Birthplace: Ireland.

MOTHER

14. Maiden name: Unknown.

15. Birthplace: Unknown.

16. Informant: Mrs. Anna M. Harkins.

Address: Perry Point — Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: May 13 - 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Erin Catholic Cemetery.

Location: Havre de Grace, Md.

18. Funeral director: Penning & Cockroom.

Address: Havre de Grace, Md.

19. May 10 1940 (Date rec'd by registrar) Florence W. Sanders, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10th 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9th 1939, to May 10th 1940 and that I last saw him alive on May 9th 1940

Immediate cause of death: Arteriosclerosis + Myocarditis (Chronic)

Due to:

Due to:

Other conditions: Acute Cardiac Dilatation + Failure

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F. N. Steiner, M. D. or other

Address: Havre de Grace Md. Date signed: 5-10-40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

05355

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 4 mos.16 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 413 N. Stokes Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: HOPPER, George L.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: wife - Mrs. Bernice Hopper

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1857

8. AGE: Years	Months	Days	If less than one day
82	8	1	____ hrs. ____ min.

9. Birthplace: Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation: Fish Culturist

11. Industry or business: U.S. Govt.

FATHER
12. Name: John A. Hopper - deceased
13. Birthplace: U.S.A.

MOTHER
14. Maiden name: Elizabeth Albertson - deceased
15. Birthplace: U.S.A.

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft. Myer, Va.

18. Funeral director: Pennington & Son
Address: PENNINGTON & SON Havre de Grace, Md.

19. 5-8-40 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7 1940, at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 21 1939, to May 7 1940, and that I last saw him alive on May 7 1940.

Immediate cause of death	DURATION
Coronary Sclerosis	Unknown
Due to	
Due to	
Other conditions	
Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations: 00
Of autopsy: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C.F. Davis
C.F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration, Perry Point, Md. Date signed: May 8, 1940.

RECEIVED
MAY 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (179-R)

05356

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 9 days
Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: ~~Elkton~~ North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: not a Veteran + 1020

3. (a) FULL NAME: Marvin W Joy
3. (b) Social Security Number: 215-12-1020

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth Joy
6(c) If alive, give age: 25 years
7. Birth date of deceased (mo., day, yr.): Sept 29 1916
8. AGE: Years 23 Months 7 Days 26 If less than one day ___ hrs. ___ min.
9. Birthplace: Hancock, Md (Town, county, and state)
10. Usual occupation: Airplane mechanic
11. Industry or business
FATHER
12. Name: Arlington L Joy
13. Birthplace: Md
MOTHER
14. Maiden name: Cora A Miller
15. Birthplace: Pa
16. Informant: Mrs Marvin W Joy
Address: North East, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 28 1940 (month) (day) (year)
Cemetery or crematory: Methodist
Location: North East, Md
18. Funeral director: Joseph R Grant
Address: North East, Md.
19. May 28 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940, at 2 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19 ___ to ___ 19 ___
and that I last saw h___ alive on ___ 19 ___ Died in Union Hospital Elkton
Immediate cause of death: Acute nephritis
Due to: By taking (Bichloride of Mercury) in mistake
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE: John B. Slicer Coroner M. D. or other
Address: Rising Sun Md Date signed: 5/27 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
JUN 5 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46F) CB 05357

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County Cecil
City or town Perryville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Fauquier
City or town Remington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura A. Judd

3. (b) Social Security Number

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife Pierson H. Judd
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 15, 1874

8. AGE: Years 65 Months 7 Days 4 If less than one day hrs. min.

9. Birthplace Stafford Co. Va (Town, county, and state)
10. Usual occupation House work
11. Industry or business Own Home
FATHER 12. Name William Bryant
13. Birthplace Stafford Co. Va.
MOTHER 14. Maiden name Emma Heffline
15. Birthplace Stafford Co. Va.
16. Informant Helen M. Cooper
Address Perryville, Md
17. Burial? (Burial, cremation, or removal. Which?) Date thereof May 22, 1940 (month) (day) (year)
Cemetery or crematory Mount Holly
Location Remington, Fauquier Co. Va.
18. Funeral director Lee A. Patterson
Address Perryville, Md.
19. May 20 1940 (Date rec'd by Registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 7 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to May 19 1940, and that I last saw her alive on May 19 1940.
Immediate cause of death Carcinoma of Liver and Gall Bladder
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. S. Lewis M.D. M. D. or other
Address Havre de Grace Md Date signed 5-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

RECEIVED
JUN 4 1940
BUREAU V. S.

05358

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (114a)

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
County: Cecil
City or town: Rising Sun Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Walnut Street Rising Sun Md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rising Sun Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harvey David Kirk

3. (b) Social Security Number: 213-18-7368

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mayme C. Kirk
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 26 - 1880

8. AGE: Years: 59 | Months: 11 | Days: 11 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Rural Cecil Md.
(Town, county, and state)
10. Usual occupation: Moulder
11. Industry or business: Industry

FATHER
12. Name: Joseph Kirk
13. Birthplace: Maryland

MOTHER
14. Maiden name: Clarissa Jane Taylor
15. Birthplace: Maryland

16. Informant: Mrs Clarissa J Kirk Md
Address: Rising Sun Harrisville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5-15-1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Harrisville Md

18. Funeral director: Mrs Jennie W Taylor
Address: Rising Sun Md

19. 5-14 1940 (Date rec'd by registrar) L M Worthington Registrar

Permit issued 5-14-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1940, at 7:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to May 12 1940 and that I last saw him alive on 5-12 1940.

Immediate cause of death: Silicosis

Due to: Moulder

Due to:

Other conditions:
(Include pregnancy within 8 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Bill Dodson MD
M. D. or other
Address: Rising Sun Md Date signed: 5/15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

05359

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:
County Cecil
City or town Conowingo R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Cecil
City or town Near Conowingo Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan J. McMullen

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Joseph McMullen
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Sept. 15 1870

8. AGE: Years 69 | Months 7 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace Conowingo Md. (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name James Wilgis
13. Birthplace Unknown

MOTHER
14. Maiden name Hannah Flowers
15. Birthplace Unknown

16. Informant Joseph McMullen
Address Conowingo Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 4 1940 (month) (day) (year)
Cemetery or crematory West Nottingham
Location Colora Md.

18. Funeral director J. E. Tyson
Address Rising Sun Md.

19. May 3 1940 19 (Date rec'd by registrar) L M Worthington Registrar

Permit issued 4/3/1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 9.9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1940, to May 1st 1940, and that I last saw her alive on May 1st 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to Natural Cause
Due to ✓
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. P. Snodgrass M. D. or other
Address Darlington Date signed 5/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05360

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 0 yrs. 5 mos. 1day

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Tenn. County:

City or town: Algood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: None
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Peace Time ✓

3. (a) FULL NAME: PRICE, Robert L.

3. (b) Social Security Number: 232-07-6083 (Post.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife: --

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 31, 1903

8. AGE: Years	Months	Days	If less than one day
36	4	6	____ hrs. ____ min.

9. Birthplace: Wilder, Tenn.
(Town, county, and state)

10. Usual occupation: Mechanic

11. Industry or business:

FATHER — 12. Name: William C. Price - deceased

13. Birthplace: Tenn.

MOTHER — 14. Maiden name: Mollie D. (?) Price

15. Birthplace: Tenn.

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: May 6, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Algood, Tenn.

18. Funeral director: Pennington & Son
PENNINGTON & SON

Address: Havre de Grace, Md.

19. 5-6-40 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 19 40, at 12:20 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 5 19 39, to May 6 19 40, and that I last saw him alive on May 6, 1940 19 ____.

Immediate cause of death	DURATION
Tuberculosis, pulmonary, chronic	
far advanced, active	Unknown
Due to	
Due to	
Other conditions	
Psychosis, epileptic deterioration - unknown	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
M.D. or other

Address: Veterans' Administration, Perry Point, Md. Date signed 5-6-40

RECEIVED
MAY 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05361

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 da

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Elkton Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Elkton R.D. Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fred David Racine

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen B. Racine

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1888

8. AGE: Years 51 | Months 7 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Glasgow, Delaware (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name James Racine

13. Birthplace Glasgow Del

MOTHER

14. Maiden name Jane Hall

15. Birthplace Delaware

16. Informant Mrs Fred B. Racine

Address Elkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15/40 (month) (day) (year)

Cemetery or crematory Bethel Cemt

Location Chesapeake City RD

18. Funeral director H. W. Pippin Per H. W. Pippin

Address Elkton, Md

19. May 14 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 7a.50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 12 1940, and that I last saw him alive on May 12 1940.

Immediate cause of death: Myocardial Infarction

Due to: Coronary Thrombosis

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No autopsy

DURATION: May 10

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Milford H. Sprecher, M.D. M. D. or other

Address Elkton, Maryland Date signed May 14.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05362

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 4 mos. 16 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 813½ W. Bombard Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World

3. (a) FULL NAME: RICHMOND, Harry A.

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Alta J. Richmond

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 25, 1893

8. AGE: Years	Months	Days	If less than one day
47	9	25	____ hrs. ____ min.

9. Birthplace: Baltimore, Md. (Town, county, and atate)

10. Usual occupation: Steamfitter

11. Industry or business

FATHER — 12. Name: Harry A. Richmond - deceased

13. Birthplace: Florida

MOTHER — 14. Maiden name: Nellie ? - deceased

15. Birthplace: Unknown

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof May 20, 1940 (month) (day) (year)

Cemetery or crematory: Baltimore National

Location: Baltimore, Md.

18. Funeral director: William Cook

Address: 1217 St. Paul Street, Baltimore, Md.

19. 5-20- 19 40. Irene E. Daugherty (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 19 40 at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4 19 38, to May 20 19 40, and that I last saw him alive on May 20 19 40

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions --	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: W. L. Meng, M.D. Medical Director

Address: Veterans' Administration, Perry Point, Md. Date signed 5-20-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

05363

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:
County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: Hannah Emma Smith
3. (b) Social Security Number: —

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: William S. Smith
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): May 16, 1864

8. AGE: Years 76 | Months 0 | Days 3 | If less than one day — hrs. — min.

9. Birthplace: Harford Co (Town, county, and state)
10. Usual occupation: House Duties
11. Industry or business: Self
FATHER
12. Name: Amos Hughes
13. Birthplace: Md.
MOTHER
14. Maiden name: Hannah Adams
15. Birthplace: Md.
16. Informant: Mrs Helen S. Reynolds
Address: Rising Sun Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 21 1940 (month) (day) (year)
Cemetery or crematory: Rock Run Cem
Location: Harford Co. Md.
18. Funeral director: R. Madison Mitchell
Address: Havre de Grace, Md.
19. May 20 1940 (Date rec'd by registrar) Louise M Worthington Registrar
Permit issued 5-28-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1940, at 5-30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to 5-19 1940
and that I last saw her alive on 5-19- 1940
Immediate cause of death: Diabetes
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE: R. C. Dodson M.D. M. D. or other
Address: Rising Sun Md Date signed 5/20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Miss L Northcutt

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(940)

05364

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: North East Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Not a Veteran

3. (a) FULL NAME: Samuel C. Smith

3. (b) Social Security Number: 218-10-1994

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary Moffitt Smith

6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): May 2 1865

8. AGE:

Years	Months	Days	If less than one day
75	-	23	____ hrs. ____ min.

9. Birthplace: Cecil Co. Maryland (Town, county, and state)

10. Usual occupation: Farmer - General work

11. Industry or business:

FATHER

12. Name: Samuel Smith

13. Birthplace: Ireland

MOTHER

14. Maiden name: Jane McDougal

15. Birthplace: Ireland

16. Informant: Mrs. Samuel Smith

Address: North East, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29, 1940 (month) (day) (year)

Cemetery or crematory: cemetery

Location: Calvert

18. Funeral director: Joseph R. Grant

Address: North East, Maryland

19. May 29th 1940 (Date rec'd by registrar) Lida V. Adams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1940, to May 25 1940, and that I last saw him alive on May 25 1940.

Immediate cause of death	DURATION
Carcinoma	
Thrombosis	1 hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. B. Collins M. D. or other

Address: North East Md. Date signed 5-28-40

CEIVED
JUN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Magraw 05365

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Cecil
City or town: Perryville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Major J. Todd

3. (b) Social Security Number: 717-07-3728

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Eva Todd
6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Feb. 18, 1875

8. AGE:

Years	Months	Days	If less than one day
65	3	13	hrs. min.

9. Birthplace: Hames Quarter, Md.
(Town, county, and state)
10. Usual occupation: Preparer
11. Industry or business: P. R. R.

FATHER
12. Name: James Allen Todd
13. Birthplace: Dames Quarter Md

MOTHER
14. Maiden name: Charlett White
15. Birthplace: Dames Quarter, Md

16. Informant: Elbert Todd
Address: Perryville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 3, 1940 (month) (day) (year)
Cemetery or crematory: Asbury Cem
Location: Perryville R.F.D.

18. Funeral director: Lee A. Patterson
Address: Perryville, Md.

19. June 1 1940 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 31 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1940, to May 31 1940, and that I last saw him alive on May 31 1940.

	DURATION
Immediate cause of death: Apoplexy Cerebral	2 days
Due to: General Atheromata	5 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw, M. D. or other
Address: Perryville, Md Date signed 5/31/40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

05366

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 10 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2336 Madison Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: WILLIAMS, Herbert C.

3. (b) Social Security Number: 701-07-0765 (Rosa) None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Married

6 (b) Name of husband or wife: Evelyn Williams - whereabouts unknown

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 28, 1894

8. AGE: Years	Months	Days	If less than one day
46	10	15	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Barber

11. Industry or business: Dining car service - Northern Pacific Railway

FATHER
12. Name: Henry Williams - deceased
13. Birthplace: Maryland

MOTHER
14. Maiden name: Bessie Herbert
15. Birthplace: Maryland

16. Informant: Hospital records & sister, Lillian C. Williams
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: May 14, 1940 (month) (day) (year)

Cemetery or crematory: Arbutus Memorial Park

Location: Baltimore, Md.

18. Funeral director: John M. Johnson
Address: JOHN M. JOHNSON 1700 Druid Hill Ave., Baltimore, Md.

19. 5-14- 1940 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1940, at 5:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 14 1940, and that I last saw him alive on May 14 1940.

Immediate cause of death	DURATION
Essential Hypertension	Unknown
Due to	
Due to	
Other conditions: Hypertensive heart disease -unknown Hemiplegia, right, beginning (Include pregnancy within 3 months of death)	

Major findings:
Of operations: --
Of autopsy: --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: W.L. Meng M.D.
W.L. MENG, M.D., Act. Clinical Director or other

Address: Veterans' Administration Perry Point, Md. Date signed: 5-14-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178-c)

CERTIFICATE OF DEATH

05367

Reg. Dist. No. 9 Y

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton - Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address (hospital, or institution): Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 days
Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State New York County ?
City or town Windham, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ?
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Newton Parks Willis

3. (b) Social Security Number 095-03-8122 (Poss.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Alice Willis
6(c) If alive, give age 50 years 50

7. Birth date of deceased (mo., day, yr.) Sept 4 - 1940

8. AGE: Years	Months	Days	If less than one day
53	8	11	hrs. min.

9. Birthplace Washington, D.C.
(town, county, and state)
10. Usual occupation Cashier of Bank
11. Industry or business same
FATHER 12. Name Charles D. Willis
13. Birthplace Baltimore - Md
MOTHER 14. Maiden name Ellen M. Tibbott
15. Birthplace Farmington, N.H.
16. Informant Mr Stanley Willis - brother
Address Washington
17. Burial (Burial, cremation, or removal. Which?) x Date thereof May 18/40 (month) (day) (year)
Cemetery or crematory
Location Washington D C
18. Funeral director H W Phippin
Address Elkton. Md
19 May 15 19 40 (Date rec'd by registrar) E R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 - 1940, at 10.00 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1940, to May 15 1940, and that I last saw him alive on May 15th 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	3½ days
Due to Contributory Cause: Automobile accident	4 days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Left coronary thrombosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 5/11/1940
Where did injury occur? New Liberty (City or town) Cecil (County) Md (State)
Injured at home, farm, industry, public place (where?) U.S. No 1
Means of injury Automobile accident Injured at work?

23. SIGNATURE T. H. McKnight M. D. or other
Address Elkton - Md Date signed 5-15-40
John N. Shaw M.D. Coroner 5/15/1940

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 92

05368

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Cecil

(b) City or town Childs

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Cecil County Almshouse

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Kent

(c) City or town Galena

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Burton Wilmer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ or wife Mary Johnson

6. (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace No Info (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Samuel Wilmer

13. Birthplace No Information

MOTHER

14. Maiden Name No Information

15. Birthplace

16 (a) Informant Cornelius Davis

(b) Address Cecilton - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 / 40 (month) (day) (year)

(c) Cemetery or crematory County Burial Ground

Location Cherry Hill, Md

18 (a) Funeral director H. W. Pippin

(b) Address Elkton, Md

19 (a) May 6, 1940 (Date rec'd by registrar) (b) F R Frazer Registrar

MEDICAL CERTIFICATION

20. Date of death May 4 - 1940, at 5.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to May 4 1940, and that I last saw him alive on April 30 - 1940.

Immediate cause of death	Duration
Senile dementia	unknown
Due to Arteriosclerosis	unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. H. McKnight M. D. M. D. or other

Address Elkton - Md Date signed May 6 - 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T) (M)

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05369

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pennsylvania County:

City or town: Germantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Kenilworth Apts.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: World War ✓

3. (a) FULL NAME: WILSON, Marshall S.

3. (b) Social Security Number: 213-03-9878

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Mrs. Marshall S. Wilson

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Apr. 8, 1892

8. AGE: Years	Months	Days	If less than one day
48	1	3	____ hrs. ____ min.

9. Birthplace: Berwyn, Pa.
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: May 13, 1940 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Md.

18. Funeral director: Pennington & Son
PENNINGTON & SON
Address: Havre de Grace, Md.

19. 5-11- (Date rec'd by registrar) 1940 Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1940, at 5:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 1940, to May 11 1940, and that I last saw him alive on May 11 1940.

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: --
Of autopsy: --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur?: -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration, Perry Point, Md. Date signed: 5-11-40

RECEIVED
MAY 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

05370

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Moffett St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Moffett St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: Thomas R. Woodrow

3. (b) Social Security Number: 218-10-1871 (Pow) None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 2, 1875

8. AGE: Years	Months	Days	If less than one day
65	9	15	hrs. min.

9. Birthplace: Cecil County, Md (Town, county, and state)
10. Usual occupation: Watchman, Inglet
11. Industry or business: Building

FATHER
12. Name: Josiah Woodrow
13. Birthplace: Cecil County, Md

MOTHER
14. Maiden name: Jane Green
15. Birthplace: Cecil County Md.

16. Informant: (Mrs) Katie Markus
Address: Elkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/21/40 (month) (day) (year)
Cemetery or crematory: Cherry Hill Cemetery
Location: Elkton R.F.D.

18. Funeral director: Harvey W. Poppen
Address: Elkton

19. May 21 1940 (Date rec'd by registrar) E R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 1940, at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to May 17 1940, and that I last saw him alive on May 17 1940.

Immediate cause of death	DURATION
Intestinal Obstruction	5/13/40
Due to Duct ca Carcinoma of pyloric end of stomach	Duration six months
Due to	
Other conditions: Cirrhosis, Hypertrophy Gall bladder (Include pregnancy within 3 months of death)	

Major findings:
Of operations: There was no operation.
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James L. Jamison M.D.
M. D. or other
Address: Elkton, Md Date signed 5/20/40

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.